



Sixth District Youth Ambassador Leadership Conference Application Office of Congressman Andy Barr

Personal Information

Full Name: _____
Last First Middle

Mailing Address: _____
Street Address City State Zip

Phone # (s): _____ | _____

Email: _____

Date of Birth: ____ / ____ / ____ Gender: Male / Female

Parents/Guardians: _____

Parent/Guardian Email: _____

Name of hometown newspaper: _____

Were you a participant in last year's Youth Ambassador Program? Yes / No

Emergency Contact Information

Name: _____

Phone #: _____

Relationship: _____

Education Information

Name of High School: _____

High School Address: _____
Street Address

City

State

Zip

Counselor's Name & Email: _____

Academic Information to be verified by Counselor or Principal:

GPA: _____	Class Size: _____	Rank: _____
Class: Junior / Senior		
<u>Test Scores</u>		
ACT Score		
Composite: _____	English: _____	Math: _____ Reading: _____ Science: _____
SAT Score (if applicable)		
Composite: _____	Math: _____	Writing: _____ Critical Reading: _____
Counselor/Principal Name: _____		
Counselor/Principal signature certifying above education information: _____		

Additional Requirements:

Resume

In the form of a resume, please describe all extra-curricular activities in which you have participated. Include school related activities as well as community or church-related activities. Also, please indicate any part-time work while in high school. Describe your responsibilities, as well as the number of hours per week in which you have worked.

Essay

Please provide a 250-word personal response detailing why you hope to be a part of the Youth Ambassador Leadership Conference.

Application Agreement

Please read the following paragraph before signing the application, as your signature indicates your agreement with the following statements. If you do not include your signature, your application will not be considered.

I certify that the information I have provided in the application packet is accurate. I am a legal resident of the 6th Congressional District of Kentucky. If selected to become a Youth Ambassador, I authorize the Office of Congressman Andy Barr to release my name and photo in a press release and other office media.

Signature: _____ Date: _____

Please send your completed application by mail, email or fax by **October 29, 2018** to:

Mail: The Office of Congressman Andy Barr
Attn: Youth Ambassador Program
2709 Old Rosebud Road, Suite 100
Lexington, KY 40509
Fax: (859) 219-3437
Email: Shelby.Williams@mail.house.gov

Applicants will be notified of acceptance or denial by email by **December 3, 2018**.

For questions or additional information please email Shelby Williams at Shelby.Williams@mail.house.gov